

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	10/088198
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21			/				71	
22			/	/			72	
23			/	/			73	
24			/	/			74	
25			/	/			75	
26			/	/			76	
27			/	/			77	
28			/	/			78	
29			/	/			79	
30			/	/			80	
31			/	/			81	
32			/	/			82	
33			/	/			83	
34			/	/			84	
35			/	/			85	
36			/	/			86	
37			/	/			87	
38			/	/			88	
39			/	/			89	
40			/	/			90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			3				TOTAL IND.	
TOTAL DEP.			17				TOTAL DEP.	
TOTAL CLAIMS			20				TOTAL CLAIMS	